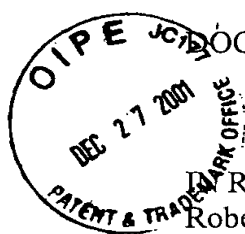


Receipt



DOCKET NUMBER: 204302US30/jmo

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:  
Robert E. ARBOGAST, et al.

: GROUP: 2161

SERIAL NUMBER: 09/893,535

: ATTENTION:  
Application Division  
Customer Corrections

FILED: June 29, 2001

FOR: SYSTEM, METHOD, AND COMPUTER PROGRAM FOR CONFIGURING AND  
PURCHASING A MEDICAL DEVICE

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Assistant Commissioner for Patents  
Washington, D.C. 20231

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JAN 04 2002

Sir:

Technology Center 2100

The Patent Office is requested to provide a corrected Official Filing Receipt for the attached. If you have any questions, please do not hesitate to contact us.

No fees are required. However, in the event that a fee is required, please charge the appropriate amount to our Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Robert T. Pous  
Attorney of Record  
Registration Number 29,099

Joseph A. Scafetta, Jr.  
Registration No. 26,803



22850

Tel. (703) 413-3000  
Fax. (703) 413-2220  
(OSMMN 10/98)



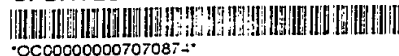
## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/893,535	06/29/2001	2161	1205	204302US30	19	85	8

CONFIRMATION NO. 4457

## UPDATED FILING RECEIPT



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22850  
OBLON SPIVAK MCCLELLAND MAIER & NEUSTADT PC  
FOURTH FLOOR  
1755 JEFFERSON DAVIS HIGHWAY  
ARLINGTON, VA 22202

Date Mailed: 11/14/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Robert E. Arbogast, Mount Sterling, OH;  
Michael Edward Hopkins, London, OH;  
James M. Colvin, Hilliard, OH;  
Mark William Ford, Jamestown, OH;  
Phillip Lee Harrison, Columbus, OH;  
Raymond Francis, Chesapeake, VA;  
Keith W. Justus, Columbus, OH;  
Rebecca L. Halley, Plain City, OH;  
Bradley A. Spitzer, Worthington, OH;  
Thomas D. Chamberlain, Columbus, OH;  
Eric L. Kershner, Grandview Heights, OH;

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## Assignment For Published Patent Application

OHIO WILLOW WOOD COMPANY, Mount Sterling, OH;

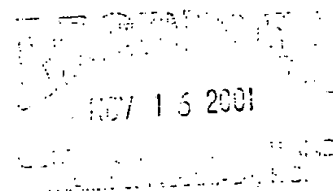
## Domestic Priority data as claimed by applicant

## Foreign Applications

If Required, Foreign Filing License Granted 08/16/2001

Projected Publication Date: 01/02/2003

Non-Publication Request: No



PLEASE NOTE THAT THE TITLE IS INCORRECT. IT SHOULD READ AS FOLLOWS:

SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT FOR CONFIGURING  
AND PURCHASING A MEDICAL DEVICE



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Bib Data Sheet

CONFIRMATION NO. 4457

<b>SERIAL NUMBER</b> 09/893,535	<b>FILING DATE</b> 06/29/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> 204302US30
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**APPLICANTS**

Robert E. Arbogast, Mount Sterling, OH;  
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 Thomas D. Chamberlain, Columbus, OH;  
 Eric L. Kershner, Grandview Heights, OH;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 08/16/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 85	<b>INDEPENDENT CLAIMS</b> 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

22850

**TITLE**

System, method, and computer program product for configuring and purchasing a medical device

<b>FILING FEE RECEIVED</b> 1205	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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